



RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

Municipal Police Training Academy

*Community College of Rhode Island — Flanagan Campus
1762 Louisquisset Pike, Lincoln, RI 02865-4585
Telephone: (401) 722-5808 — Fax: (401) 722-3151*



Colonel James M. Manni
Superintendent, Rhode Island State Police
Director, Department of Public Safety

Lieutenant Christopher J. Zarrella
Executive Director
Municipal Police Training Academy

Provisional Police Officer Certification Checklist

Name: _____

DOB: _____

Department: _____

- ☐ I. **Conditional Offer of Employment**
- ☐ II. **Application Form (Notarized)**
 - **Photograph (Attached to Application)**
- ☐ III. **Medical Examination Report (within six (6) months)**
- ☐ IV. **Medical History Statement**
- ☐ V. **Background Investigation (also includes the following)**
 - **National De-Certification Index (NDI)**
 - **Mental Health Report Form**
 - **Mental Health Authorization for Release of Information**
 - **General Authorization for Release of Information**
- ☐ VI. **Background Investigation Verification Form**
- ☐ VII. **H.S. Diploma/GED/or College diploma or transcript**
- ☐ VIII. **Copy of Driver's License**
- ☐ IX. **FBI Fingerprint Card**
- ☐ X. **Fitness Pre-Screening Form (within 12 months)(only if required)**

☐ **XI. Psychological Exam Report**

☐ **XII. Documentation**

- **Current Resume to include all departmental assignments**
- **Copy of Police Academy graduation certificate**
- **Copy of Police Academy curriculum (from graduation date)**
- **Copy of all Continuing Education certificates**

Department Liaison Officer: _____ Cell: _____

E-Mail _____

Completed by: _____ Rank: _____ Date: _____

Signature of appointing
authority: _____ Date: _____